L		OH		19/	9	44,	200					
	RCE	CLAIMS		S FILED - PART I		(Column 2)		SMALI	ENTIT		ОТІ	HER THAN
ľ	TOTAL CLAIN	AS ·		, , , , , , , , , , , , , , , , , , , ,				TYPE			OR SMALL ENTITY	
l,	FOR	NIME	NUMBER FILED		111110505		RATI		- 3	RAT		
١,	OTAL CHARG	EABLE CLAIMS				NUMBER EXTRA		BASIC	EE 395	250	BASIC	FEE 790.0
-			<u></u>	minus 20=			1	X\$ 25	i=	·	R X\$50	)=   .
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Ľ	IULTIPLE DEP	ENDENT CLAIM	PRESENT				1	<b></b>	+	$\dashv$	1200	<del>-</del>
*	If the different	ce in column 1 i	s less than	less than zero, enter "0" in column 2			<del>,</del> 7	+180=		0	H +360	=
				MENDED - PART II				TOTAL	<u> </u>	o	R TOTA	L 79000
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lf t	the entry in column 1 is less than the entry in column 2, write "0" in column 3.  I the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+360=	
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Application or Docket Number